

Candidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name Cindy Hyde-Smith
Full Address 400 Cattle Trail Brookhaven Ms
Telephone 601-835-3322 (Fax) 601-359-3642
E-mail chydesmith@senate.ms.us
Office Sought state senate Political Party Democrat



☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009)..... All Candidates and Political Committees

☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)

Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. Candidates shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed. See Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the day of filing. On a weekend or a holiday, the office must be in actual receipt of the required reports before the deadline. Faxed reports are acceptable.

Senate
D39

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	\$	\$	2,250.00
Total amount of disbursements	\$	\$	590.00
Total amount of cash on hand	\$	4,378.87	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Cindy Hyde-Smith Page _____ of _____
 Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Walmart PAC</u>		<u>6/12/09</u>	\$ <u>500.00</u>
Mailing Address <u>702 SW 8th St.</u>		___/___/___	\$
City, State, Zip Code <u>Bentonville Ar. 72716-0150</u>		___/___/___	\$
Name of Employer (Required) <u>Walmart</u>		___/___/___	\$
Occupation (Required) <u>Retail</u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bayer Corp.</u>		<u>7/1/09</u>	\$ <u>500.00</u>
Mailing Address _____		___/___/___	\$
City, State, Zip Code _____		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT+T</u>		___/___/___	\$ <u>250.00</u>
Mailing Address <u>175 E Capitol St. Ste 702</u>		___/___/___	\$
City, State, Zip Code <u>Jackson, Ms. 39201</u>		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Advance America</u>		<u>4/22/09</u>	\$ <u>500.00</u>
Mailing Address <u>135 N. Church St.</u>		___/___/___	\$
City, State, Zip Code <u>Spartanburg, SC. 29306</u>		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Cindy Hyde-Smith Page of
 Reporting period through

ITEMIZED DISBURSEMENTS

A. Full name <u>Laurence Co. Fundraiser</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$ <u>50.00</u>
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
B. Full name <u>Henrietta Peyton</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>12</u> / <u>09</u>	\$ <u>110.00</u>
City, State, Zip Code <u>Monticello, Ms.</u>		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Sponsor of Ambassadors</u>		Aggregate Year-to-date	\$
C. Full name <u>U.S. Postal Service</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$ <u>55.00</u>
City, State, Zip Code <u>Brookhaven Ms.</u>		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Stamps</u>		Aggregate Year-to-date	\$
D. Full name <u>SARL</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$ <u>375.00</u>
City, State, Zip Code <u>Lexington, Ky</u>		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Cont ex.</u>		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

\$ 590.00

Name of Candidate or Committee Cindy Hyde-Smith Page of
 Reporting period through

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chevron</u>		<u>9/2/09</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 9034</u>		___/___/___	\$
City, State, Zip Code <u>Concord, Ca. 94524</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$